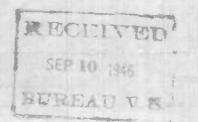
### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 72-6

## CERTIFICATE OF DEATH

(886) Reg. Dist. No. 62

1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced School Single and the shade of 6.(b) Name of husband or wife 6.(c) If elive, give age years	MEDICAL CERTIFICATION  2D. DATE DF DEATH 1946 at 5 io fm  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  18. 4 to 19. 4 t
8. AGE: Years Months Days It less than one day  5 3 14 hrs. min.  9. Birthplace Caroline Mary (Town, county, and state)  10. Usual occupation 11. Industry or business	Immediate cause of death  Consuly Dateris allows  Due to  Due to
12. Name Ret anderson  13. Birthplace Caroline Courts  14. Malden name Martha Baker  15. Birthplace Caroline Co.	Diher conditions Thy Luleusem 12 yrs.  Multiple Allieries and reguegalation 12 yrs.  (Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.
Address Denton Mary Card  17. Burnal (Burini, cremation, or removal, Which?)  Cemetery or crematory. Location  18. Funeral director. Location  18. Funeral director. Location  19. Funeral director. Location  10. Control of the contr	Antopsy results
Address Deuts med.  19. 9/6 196 Bry NO General Registrar  (Date rec'd by registrar)	23. SIGNATURE Start Tusto Tusto  M. D. or other  Address Dutin had Date signed 9/6/46



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

# CERTIFICATE OF DEATH

08870 Reg. Dlat. No. 66

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intage give residence of mother)
	State Mid County Clister
City or town (If outside city or town limits, write RUKAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, lostitution, or street address where death occurred:	Street No.
No. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Percy Bartlott	3. (b) Social Security Number
4. Set 5. Color or race 6:(9) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
My While married	20. OATE OF DEATH
8.(b) Name of husband or wife. Nova Ballett	21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from
S.(c) It alive, give ageyears	Seplember 3, 19 96 10 19
7. Birth date of deceased (mo., day, yr.) No. 12-18-53	and that last saw him to be supported by State 3 1946.  Immediate cause of death Sugary Duration
8. AGE: Years   Months   Daya   If less than one day	Immediate cause of death Stage Of Stage Of DURATION
62 10 7hrsmin.	a Cerebrah Sallolus
8. Birthplace	Due to Essential /fypertunsian
(Cown county, and state)	
10. Usoal occupation Tretted - R. 17	Queto ARTERIOSCIERASIS
11. Industry or business	
12. Name Defoh Bertlell  13. Birthplace 2004	Other conditions
Z 13. Birthplace Man	
14. Maiden oame? Common	(Include pregnancy within 3 months of death)
14. Malden oame	Major findings of operations
21 15. Birinplace	Date of op.
18. Informant	Autopsy results
Address Kulgely July	
17 Survey Bate thereof Sefer 6-44	22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicide
(Burial, cremation, or removal, which?)  Date thereof.  (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Denstory Buy	injured at home, farm, industry, public place (wbere?)
18. Funeral director of Island Carel	Means of injury Injured at works
Address Chiesels Hell med	The sally of mos
1 5 0 0 1	23. SIGNATURE M. D. or other
19. (Dato red by registrar)  19. (Dato red by registrar)	Address Andrew Date signed beff 5/
	100



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore &

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		1
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1. PLACE OF DEATH:

ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly. PLAINLY, WITH UNF, is especially important.

MARGIN RESERVED FOR BINDING

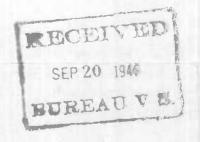
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A15	7 50
52	10

CERTIFICATE	OF	DEATH	Reg. Di
2.	USUA!	L RESIDENCE (HO	ME) OF DECEASED:

Maryland

1				1.1
	Reg.	Diat.	No.	64

(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or lown.  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rurs1, give LOCATION)  2.(a) If veleran, name war.
3. (a) FULL NAME  a. Eliza Boston	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH. September 6 19.46 at 10:16 A.M.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that sattended deceased from  19 46.  and that I last saw h. I.s. alive on left. 5 19 46.  Immediaio cause of death  Ascernance of kight breast 6 months
8. Birthplace Caroline Country Maryland (Town, country, and state)  10. Usual occupation.  11. Industry or business  12. Name.  Phillip Dyer  13. Birthplace Falbor Country, Maryland  14. Maiden name.  Marka Adams  15. Birthplace Caroline Country Maryland  16. Informant.  Addie E. Boston	Due to
Address Denton Maryland R. F. D.  17. Brish (Burial, cremation, or removal. Which?)  Cemetery or crematory St. Paul Cantery  Location Lear Concord Maryland  18. Funeral director. St. Trampton and Son	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide
Address Federalsburg Maryland  19. Sept. 8 1946 J.J. Fresamptom. (Date fee'd by registrar)  Registrar	23. SIGNATURE M.D. or other M.

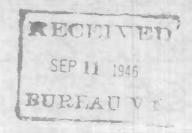


## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-2)

Reg. Diat		/- h	
() 8	587	2,	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
Cily or town	State County County
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	
	(If rural, give LOCATION)
How long in hospital or institution2	2.(a) If veleran, name war
3.(a) FULL NAME	3. (b) Social Security Number
William Fridrick 1	Buddingerer 3. (1) Social Security Number
4. Sex 5. Color or race 6.(a) Smigie, married, widowed, or divorced	MEDICAL CERTIFICATION
and so informed	20. DATE OF DEATH. 1965 9 1946, 21 7 A M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of	
deceased (mo., day, yr.) Get, 195 1871	and that I last saw h. As alive on any and any and any and any
8. AGE: Years Months Days If less than one day	Immediate cause of death
7 7 1	A
9. Birthplace (Town, county, and atate)	Due to Magazara altoring Mile 1270
10. Usual occupation	to Melantalla Allena las mana
	Due to.
11. Industry or business	The familian is
12. Name Free Seedles Budden 13. Birtholace	Chiw 100) ditions
	(Include pregnancy within 8 months of death)
14. Maiden name alle a California de la	Major findings of operations
\$ 15. Birthplace	Date of op.
18. Informant Sura Buddunger	Autopsy results
Address Ridesly And Sallo. Sur	
17 Burde Date thereof 9-17-86	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or removai. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mt. Carmel	Where did injury occur?
Location Dealfrey Zunk 9 0	Injured at homo, farm, industry, public place (where?)
18. Funeral director Six Six Six Six	Means of Injury Injured at work?
Address Dentan zud	Seon Millet Mit.
I St 10 mg & A America	23. SIGNATURE M. D. or other
(Unte reg d by registrar)	Address Date signed Address



# MARYLAND STATE DEPARTMENT OF HEALTH

2411

# CERTIFICATE OF DEATH

N.	Charles	St.,	Baltimore	(131-0)
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08873

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4	38	Reg.	Dist.	No.	0	
0	1					

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Cajoure	(For newborn infants give residence of mother)	
City or town Denton	State May land County aware	
(If outside city or town limits, write RURAL and give nearest town)	City of town Deston Mary land	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street Ho.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war none	
3. (a) FULL NAME		
M 10. 181 B	3. (b) Social Security Number	
Irstuam ta. 1xul	lock home	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
mile white Divoiced	20. DATE DE DEATH. SUAT. 18. 19.44. 21.6.55 P.M	
mrs Long & Bullack	21. I CERTIFY that death occurred on the date above stated; that I atjended deceased from	
6,(b) Hame of husband or wife	Dept 2 12 46 10 Dept 18 19 46	
7. Birth date of	and that I last saw h Long alive on Defat 16 19 46	
deceased (mo., day, yr.) July 17, 1865	Immediate cause of death DURATION	
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death	
Mrs. min.	The state of the s	
	Cauca Ocean - Cease	
9. Birthplace	Due to Descesso Syst	
10. Usuat occupation. Relised Farmer	Due to	
f1, Industry or business	900 10.	
	***************************************	
12. Hame Mr. A. Bullock  13. Birthplaco Md.	Dther conditions	
13. Birthplaco	(Include pregnancy within 3 months of death)	
14. Maiden name Perfecca C. Liden		
14. Malden name. Perfecta C. Allen  15. Birthplace M	Major findings of operations	
≥1 15. Birthplace	Date of op.	
16. Informant Mrs. Salle d. Morgan	Autopsy results	
Address Lenton md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Dill land a 1911	22. VIOLENCE: If death was due to external causes, fill to the following;	
(Burial, cremation, or removal, Which?)  Dale lhereot (month) (day) (rear)	Accident, suicide, or homicide	
to Man Joile TI	Where did injury occur?	
Cemetery or crematory and and an array and an array and an array and array array and array	Where did injury occur?	
Location suls a sulon / Ma.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director . Harvey Villiamson	Means of Injury Injured at work?	
1 1 1 - m	118-116	
Address Flatvalsburg Ma.	23. SIGNATURE VILLASON O TRONG	
19 9/20 1946 hand Tenge	M. D. or other	
(Date rec'd by registrar) Registrar	Address Date signed 9/20/46	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9374)

## CERTIFICATE OF DEATH

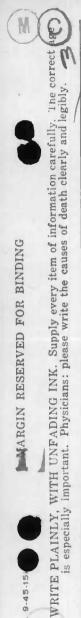
Reg. Dist. No......6...6.

08874

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Dad Caralia
City or town	State County County
(If outside city of town limits, write Howard give hearest town)	City or iown(If outside city or town limits, write RURAL and give rearest town)
How long In above place of death?	////
	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
(10) ande Nosemont le	au
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
+ W morried	20. DATE DF DEATH SUSTIMIEN 25 19 46 at 5:25 PM
Rolets G. Dean	21. I CERTIFY that genth occurred on the date above stated; that Lattended deceased from
6.(b) Name of husband or wife	April 10, 1876, 10 Slept 25 19.76
7. Birth date of	and that I lay saw here alive on Alexander 25 1946
deceased (mo., day, yr.) Upril 6, 18/8	Immediate cause of death
8. AGE: Years Modifies Days If less than one day	Mysterdisk profficer 5 hrs.
48 19min.	
Concord, Sussey, Delaware	Oue to Arteriordante Hent 370
9. Birthplace (Towu, county, and state)	Malan.
1D. Usual occupation	hell heter meleson in 1000
11. Industry or business	Due to Land
	But the c
12. Name Concord. Delawore	Other conditions
	(Include pregnancy within months of death)
H 14. Maiden name X weig a new	Major findings of operations.
14. Malden name Lucy Tames  15. Birthplace Concord, Delawore	Date of op.
16 Informant Roll C. Dear	Autopsy results.
2.10	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Sudgely, Maryland 1946	22. VIOLENCE: It death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory	Where did injury occur?
Location Deuton, Irangland	Injured at home, farm, industry, public place (where?)
11. I may of for	Means of Injury Injured at work?
18. Funeral director	11/1/2/ Ano
Address Jenton maringand	23. SIGNATURE SHOWS SHOWN IN THE SHOWS IN THE SHOWS IN THE SHOWN IN THE SHOWS IN THE SHOWS IN THE SHOWN IN THE SHOWS IN TH
10 SAF- 27 10 CL STDais.	M. D. or other
Registrar	Address Date signed 1 1 100

SEP 30 1946
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PLEASE



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

# CERTIFICATE OF DEATH

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(1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
A .	State Delaware County Lucies
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town. Substitute (If outside fity or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside fity or town limits, write RURAL and give nearest town)
River Road	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Clark a. Haynes	3. (b) Social Security Number
4. Se1   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
nale Colored Single	20, DATE OF DEATH Systember 1 19 46 21 /2:30 P. M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of	
7. Birth date of deceased (mo., day, yr.) august 29 1946	and that I tast saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
0 0 3hrsmin.	
8. Birthplace Federalsburg Thankad R7D. (Town, county, and state)	Due to Bamalines Little
10. Usual occupation	Due to
11. Industry or business	
12. Name Trancis L. Hangrand  13. Birthplace Caroline County, Mary land	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Gladys Mapp 15. Birthplace accomed County Virginia	Major findiage of operations
\$ 15. Birthplace accounts County beginna	
18. Informant Mrs. Francis L. Hagner	Autopsy results
Address Didgeville Delaware	22. VIOLENCE: 11 death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Laderal still Content	Where did injury occur? (City or town) (County) (State)
School of State of St	Injured at home, farm, industry, public place (where?)
Location	Means of injury Injured at work?
18. Funeral director transform and Son	1 46
Address Enderalsburg Maryland	23. SIGNATURA LIMBON O Jeonge
10 Systember 4 1946 J. J. Fram Stom	Defry medical Exercise 9 12/1/6
(Date rec'd by registrar) Registrar	Address Date signed 77 70



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

Α.				,	9 /
A.	Reg.	Diat.	No.	6	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	man la 1 Carolina	
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County	
9 11 1 11	City or town Kinkman Maryland	
How tong in above place of death?  Hospital, Institution, or street address where death occurred:	City or town	
none	Sireet No	
	(If rural, giva LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Nobert n. mel	in none	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married	20. DATE OF DEATH Sept 2 19 4601 3 P. M	
B.(b) Name of husband or wife Mary Mehrin	21. I CERTIFY they death occurred on the date above stated; that Lattended deceased from	
6.fc) tt alive, give age 64 years	16652 sular 1845 10 Left 2 1849	
7. Birth date of	and that I last saw h. Lashs alive on Alekt 7 19 46	
deceased (mo., day, yr.) June 3, 1879	Immediate cause of death	
8. AGE: Years Months Days It less than one day		
67 2 30hrsmin.		
9. Birtholace Harrington Delsware	- Carder Il 11 12 len Il 1 1 1 1	
9. Birthplace (Town, county, and atate)	Due to Marie Van 14 to	
10. Usual occupation Farmer	177	
P. + 1 1	Due 1014	
11. industry or business ( the Farmer	Mens Droudelle 34ps	
12. Name Nathann Melvin	Other conditions.	
\$ 13. Birthplace & elaware		
14 Malden name Julia Stetchbury	(Include pregnancy within 8 months of death)	
E 14. Malden name	Major findings af aperations	
14. Malden name Julia Statuthbury  15. Birthpiace Deluvare	Date of on	
16. Informant Mrs. Mary melvin	Antopsy results.	
-11. 1- 1 D- 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Hickman Manyland	22. VIOLENCE: It death was due to external causes, till in the following;	
17 Bural Date thereof Sept 6, 1946	Accident, suicide, or homicide	
(Burial, cremation, or removal. Which?) (day) (year)		
Cemetery or crematory on or or classification	Where did injury occur?	
Location Concord Maryland	Injured at home, tarm, industry, public place (where?)	
18. Funeral director a Harver Williamson	Means of Injury Injured at work?	
11 of mal	111	
Address Flaeralshurg Maryland	23. SIGNATURE VILLES O Source	
10 9/4 1046 Mind & June	M. D. or other	
(Date/rec'd by registrar) Registrar	Address Date signed 7/4/46	



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2411 N. Charles St., Baltimore (191-2)

### CERTIFICATE OF DEATH

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CERTITIO	Reg. Diat. No.
1. PLACE OF DEATH: Carroline	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Expression of matter)
County	State / Caryland county around
City or town	Madala Dana Duna
low long in above place of death?	City or town(It putside city or town limits, write RURAL and give nearest town)
lospital, instilution, or street address where death occurred	
0	Street No. (If rural, give LOCATION)
w long in hospital or institution?	2.(a) It veteran, name war
(a) FULL NAME	
Carnest J. M.	iller 3. (b) Social Security Number
4. Sex 5. Color or sace 6.(a) Single, married, yidowed, or divorced	MEDICAL CERTIFICATION
Mala White Married.	1 1 12 1/2 020
01.0	20. DATE OF DEATH SEPT. 13 19 46, at 8 20
B, (b) Name of husband or wife Thelippene Welber	21. I CERTIFY that doeth occurred on the date above stated: that t attended abceased from
TAI iller / / / / / / / / / / / / / / / / / / /	19
Birth date of	years and that I last sampsalive on
deceased (mo., day, yr.)	Immediate cause it death
3. AGE: Years   Months   Days   It less than one day	Manager Canal Control of the Control
73 11 2hrs.	min.
200	Janual Jungas Jin
Birthplace Moscow Penna.	Due 10
(Town, county, and state)	MUNIMIN
10. Usual occupation Store Report	Due to Due to
11. Industry or business	(INIMAL NA/ILAMA)
XI MALLI MA COM	
12. Name	Diher conditions
\$ 13. Birtholdce Greenvun	(Include pregnancy within 8 months of death)
14. Maiden name Unknown  15. Birthplace Unknown	(Include pregnancy within a months of death)
5 7 / . 4	Major fiadings of operations.
El 15. Birthplace A Menour	Date of op.
18. informant Ptoyd Meller	Antopsy results
4 Million mal	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address to Calabraco / CCC.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Surial Date thereot 9/15/40	22. VIOLETTE. II death was due to external causes, thi in the following,
(Burial, cremation, or remoral Which?)  Date thereot. (movth) (day) (year)	Accident, suicide, or homicide
Cemetery or compajory Science Voca	Where did injury occur?
Trooper Aloren Mcl.	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director aymond B. Pawlings	Msens of Injury Injured at work?
Apad a mid	A/KAX-A
Address Christono //Cail	23. SIGNATURE AND SHOULD SHOW THE STATE OF T
. S. D. T. 14 . Ho Polarke Smith	23. SIGNATURE M. D. or other
(Date/rec'd by registrar)  Regis	strar Address

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SEP 18 1946

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (12)

# CERTIFICATE OF DEATH

08879

Reg. Dist. No.....6.6

1. PLACE OF DEATH: Coroling.	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	State Maryland Courty Caroline
City or town (If outside city or town limits, write RURAL and give nearest town)	A P A A A A A A A A A A A A A A A A A A
How long in above place of death)	City or town (14 o tside city or town limits write RUNAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	World War # 2.
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Polen & M	3. (b) Social Security Number
1 5 Pales as many   5 (a) Single (married widowed as disposed	may 215204821
Male Black Lingle	MEDICAL CERTIFICATION  20. DATE OF DEATH SUCT. 28  19.46, 21.730 P.M.
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Hama of husband or wife	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)  8 AGE- Years   Months   Days   If less than one day	Immediate cause of death
8. AGE: Years Months Days If less than one day  2. 8 9 0	
0:4000	Martin Marie Lance
9. Birthplace Puckely Caroline Mcl. (Toyn, country, againstate)	Due to The State of Delder
1D. Usual occupation U Dalorer	Due to Africa Short descend
11. Industry or businese	of abdoman
12 Name James! Raymond Murry	Differ conditions
13. Birthplage Ridgely mcl.	
11. Maiden name anna / R/elecca Henry	(Include pregnancy within 3 months of death)
5 1r + C- + m-11	Major findings of operations.
15. Birthplace Very County /(CC.)	Date of op.
16. Informant	Autopsy results
Address Picquy, Mcc. 0	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removed, Which)  Date thereof (month) (day) (year)	Accident, suicide, or homicide Instantable Date of 2/28/46
(Burlal, cremation, or remotal, Which) (month) (day) (year)	Where did interv occur? Tellette Curoline mil
Cemetery or crematory	(City or town) (County) (State)
Location Location	Injured at home, farm, Industry, public place (where?) Selfs Jacobson
18. Funeral director & augment 130 of awlings	Means of Injury Stort in Portat Injured at work?
Addres Drednoloro, Md. 8	Huron V Jenese
1.41.	23. SIDHATURE M. D. or other
(1) ate red d by registrar)  Registrar	Address Duston 200 Date signed 9/30/46

OCT 2 1946 BUREAU

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

1	3	to	08	0,	. ,
i.	Reg	Diat.	No	6	4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Caroline	(For newborn infants give residence of mother)	
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland County (aroline)	
	City or town	
How long in above place of death?		est town)
Federalsburg R. F.D	Street No	C. J. W.
Man Man	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security N	lumber
Anna Core	Nichole none	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Temile White married	20. DATE OF DEATH Sostember 19 46	at 7:1507 M
6,(b) Name of husband or wife. Butler Michael	21. I CERTIFY that death occurred on the date above stated; that I attended decease	
	8/19 19 4 po 10 Islantes	7 19.4 4
7. Birth date of	and that I last saw h. Q.V. alive on Saluate P	19 4 6
deceased (mo., day, yr.) tetruary 15, 1871	Immediate cause of death a Cara h Pra / Hear 11 have 1	DURATION
8. AGE: Years Months Days If less than one day	2 1 1 1 1 1 1 1 1	8 days
75 6 23min.	87.474.2	
9. Birthgiace Maryland	Due to ATELL Telespla	1 boxes
(Town, county, and state)		
10. Usual occupation Thrusewefe	14 0. 1	74-
11. Industry or business	Due to the fact that the	10 Jus
m 26 20 6/20 1		***************************************
12. Name	Other conditions	
est 13. Birthplace	(Include pregnancy within 8 months of death)	
E 14. Malden name Mary Jane Dakers	Major findings of operations	
15. Birthplace Thed.	Date of op.	
13 + Pal Daishalal		0=00=0000000000000000000000000000000000
1B, Informant	PHYSICIAN: Please underline the cause to which death should be charged at	atistically.
Address Tederalsburg K. J. D.		
17 Barrish Date thereof Legt 11, 1946	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burlal, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Nellcrest Cemetery	Where did injury occur?	(State)
Landley Dederalsburg Mary late	Injured at home, farm, Industry, public place (where?)	
1 1 1 1 1 1 1	Means of injury Injured at work?	
1B. Funeral director. Lawly Millians	C A C C C C C C C C C C C C C C C C C C	
Address Federalphung Md.	HO (RID)	
0/10 11 0 10 60	23. SIGNATURE M. D. or	other
18. (Date rec'd by registrar)  18. (Date rec'd by registrar)  Registrar		9/4/42



PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940



1. PLACE OF DEATH:	(For newborn infants give residence of mother)		
County Caroline	2		
City or town Deaton - Rural	State Delaware County Susser		
(If outside city or town limits, write KUKAL and give nearest town)	City or town Seaford		
How long in above place of death? / dag.	City or town		
Hospital, Institution, or street address where death occurred:	Street No. arch Street		
Year american Corner	Street No. (If rural, give LOCATION)		
How long In hospital or institution?	2.(a) if veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Sarah Roach	none.		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	1 1 11 0.3 D		
	20. DATE OF DEATH Septamber 16 19 46 at 9:30 P. M		
6.(6) Name of husband or wife Lrange H. Roach	2t. I CERTIFY that death occurred on the date above stated; that i strended deceased from		
6.(0) Name of nusbang of wife	Austinta 16 1946 10 Sign 1 6 1946		
7. Birth date of	and that I fact saw here alive on 19 16		
	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Coronary orluna - 6 fines		
79 4 3hrs,min.			
9. Birthplace Sussey County Delaware	Due to		
9. Birthplace			
10. Usuai occupation			
	Due to		
11. Industry or business Home			
12. Name Joseph Swain	Other conditions Deterin A cleaners from 10 year		
	Viner conditions		
13. Birthpiaco Sussey County Delaware	(Include pregnancy within 3 months of death)		
5 4 Messick	(include pregnancy within 3 months of death)		
E 19. maigen name	Major findings of operations		
15. Birthplace Sussey County Delaware	Date of op.		
16. Informant Mrs. Mary E. Phillips	Autopsy results		
Address Blades Delawas	PHYSICIAN: Please underline the cause to which death abould he charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Burial (Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	Accident, sulcide, or homicide		
(Burial, cremation, or removal. Which?) (month) (day) (year)			
Cometery or crematory, Odd Fellows Cenetary	Where did injury occur?		
Committee, or architecture, and architecture, archit	• 100		
Location Leaford Sclaware	Injured at home, farm, industry, public place (where?)		
18. Funeral director. A. A. Tramptom and Son	Means of Injury Injured at work?		
18. Funeral director.	8/1		
Address Federalsburg Maryland	/ No It will		
Audiess recratering manyand	23. SIGNATURE AND MUNTED MAY		
10 Sept 18 1046 J. J. Fram Stom	M. D. or other		
19. Sept 13 19 46 J. J. Tramblam Registrar	Address Date signed 1/11		

RECEIVED SEP 26 1946 BURLAU V B MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles

118882

CERTIFICATE OF DEAT	H

St., Baltimore (3/4)		
E OF DEATH	Reg. Dist. No. 4	<u></u>
2. USUAL RESIDENCE (HOM (For personn infants give reside) State City or town (If outside city or town	E) OF DECEASED: gee of mother) County Dimits, write RURAL and give near	ne rest towa)
	i, give LOCATION)	
2.(a) If veleran, name war		
ber	3. (b) Social Security	Number
MEDICA	L CERTIFICATION	P4 + 4   MP .
20. DATE OF DEATH LIFE.	2 19.46	1 540 A.M
21. I CERTIFY that death occurred on the d	ate above stated; that I attended decar  19. 4.5., to Sept. 2.	19 4 C
Immediate cannol death Cure	reflection .	DURATION
Due to		
Due to.		
Other conditions Leuden	y Chencia	***************************************
(Include pregnance of the Major findings of operations of the Major findings of operations of the Major findings of the Major findin	less tomy of death) less tomy of sules trustof on	or. +-20-45;
Autopsy results	to which death should be charged	statistically.
22. VIOLENCE: Il death was due to exter		
Accident, suicide, or homicide		
Where did injury occur?(City or t	cown) (County)	(State)
Injured at home, farm, industry, public pla	ace (where?)	

5/46 (day) (year) (Burial, cremation, or removal, Which? Dale thereol. (month)

armer

city or town limits, write RURAL and give nearest town)

If less than one day

(Date/rec'd by registrar)

1. PLACE OF DEATH:

How long in above place of death?

How long in hospital or instilution?. 3. (a) FULL NAME

7. Birth date of deceased (mo., day, yr.)

10. Usual occupation. 11. Industry or business 12. Name.

13. Birthplace

14. Malden na 15. Birthplace

8. AGE:

Hospilal, institution, or street address where death occurred:

Registrar

VS A15

PLEASE WRITE PLAINLY, is especially

SEP 5 18 BULLEAU THE